## Michigan Department of State Driver Programs Division – Driver Education Section Lansing, MI 48918

Truck Driver Education Student Report

	<b>7</b> /		
Phone:	517-24	1-	6850

Provider Name: Provider Certificate Number:										
Business Office Address:										
Report Completed By:		Telephone:								
Student Information For Period Beginning:				End	ding:					
			Program Information				Employed	Tuition Paid By (Check One Box)		
Student's Name and Address	Student's Driver License Number	Program Hours	Start Date	Finish Date	Completed Yes/No	Reason Not Completed (Use Number)	Within 90 Days (Yes/No)	Self	Emp.	Fin. Aid

The average starting salary of students who completed training during the above reporting period and who were employed as truck drivers

Additional Pages Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Provider Name: Truck Driver Educ							ver Educa	ntion Student Report		
								Page	of	
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